



ATTENTION

Persons applying for initial Texas EMS certification/licensure with a criminal conviction:

A person shall be disqualified from eligibility to acquire an EMS certification, or a person's initial or renewal application for EMS certification or paramedic licensure shall be denied, or a person's EMS certification or paramedic license, whether active or inactive, shall be revoked if the petitioner, applicant, certificant, or licensed paramedic is convicted of or placed on deferred adjudication community supervision or deferred disposition for an offense committed on or after September 1, 2001, listed in Code of Criminal Procedure, Article 42.12, Sections (a)(1)(A) through (H) as follows:

- (1) murder;
- (2) capital murder;
- (3) indecency with a child;
- (4) aggravated kidnapping;
- (5) aggravated sexual assault;
- (6) aggravated robbery;
- (7) substance abuse offenses, as described in Health and Safety Code, Chapter 481, for which punishment is increased under:
 - (a) Health and Safety Code, § 481.14, regarding the use of a child in the commission of an offense; or
 - (b) Health and Safety Code, § 481.14(c), (d), (e) or (f), regarding an offense committed within a drug free zone, if it is shown that the defendant has been previously convicted of an offense for which punishment was increased under one of those subsections;
- (8) sexual assault;
- (9) An offense, other than an offense committed on or after September 1, 2001, for which the person is subject to register as a sex offender under Code of Criminal Procedure, Chapter 62.

Criminal offenses NOT LISTED ABOVE are subject to a department review which may lead to denial, suspension, or revocation.

Military Personnel Please Read Below (See Section 3):

Current military service members, military veterans, and military spouses who received emergency medical technician (EMT) training in the military and have a current National Registry certification are eligible for a Texas EMT certification. Military service members, military veterans, and military spouses shall follow the same application process as Out of State/Reciprocity applicants because Military courses are not Texas approved/certified courses; therefore, military course work and training is considered in the same manner as out of state courses. In order to gain Texas certification you must complete the [Reciprocity application](#), submit the completed application and required \$126 application fee, and successfully complete a FBI background check.

The required \$126 application fee is waived. If you claim military status, you are required to submit Military documentation. For Reciprocity applications, the Military documentation requirement has to be EMS specific, so an example of acceptable military documentation would be: a copy of your DD214 (listing your rank or sanction as a Medic or Field Medic), copy of your military EMS Course Completion Certificate, or any military documentation of your rank or sanction (MOS) as a Medic or Field Medic. For Initial (you must have a Texas EMS Course Completion Certificate) or Renewal applications, ANY documentation showing you are current or retired Military personnel, or a spouse of Military, will suffice.

If during deployment, a military service member and/or military spouse allows an EMS certification to expire, DSHS rules allow a one-year grace period following demobilization for military personnel and spouses to renew certification without late fees and/or skills verification.

We extend our sincere gratitude to military veterans, current military personnel, and their families for their dedicated service to the United States of America and to the State of Texas.



Regulatory Licensing Unit

EMS Certification & Licensing Group
Department of State Health Services
Cash Receipts Branch, MC 2003
P.O. Box 149347
Austin, Texas 78714-9347
(512) 834-6700 FAX (512) 834-6714

For DSHS Use Only

ZZ100-160

Receipt # _____

Date _____

Amount _____

INITIAL EMS Personnel Certification/Licensure Application ECA, EMT, EMT-I, EMT-P, LP

Electronic application & fee submission are available at: www.dshs.state.tx.us/emstraumasystems

This application form is intended for use by candidates that have completed a Texas DSHS-approved initial course and/or candidates that hold National Registry. This application is NOT intended for candidates who have ever held or currently hold out-of-state certification.

APPLICATION SUBMISSION:

Application processing takes approximately 4-6 weeks.

Applicant is not considered certified/licensed until the application is processed and approved.

Check your application status at: <http://www.dshs.state.tx.us/emstraumasystems/NewCert.shtm>

You must pass the National Registry exam to gain initial certification in Texas.

You must obtain an FBI federal background check using the Texas Fingerprint Service Code Form attached.

VISIT OUR WEBSITE FOR MORE INFORMATION: www.dshs.state.tx.us/emstraumasystems

SECTION 1 – PERSONNEL DATA

TYPE OR PRINT IN BLACK INK

Last Name First Name Middle Name Social Security Number*

List other names you have used (e.g. alias, married/maiden, etc.):

Address

City State Zip

Home Phone Business Phone E--mail

Date of Birth Driver License Number (include state)

* Disclosure of your social security number is mandatory under Family Code, Chapter 231.302(c)(1)

Have you attained a high school diploma or GED? Yes No

Texas Education Agency accredited public or private school. Home schools must have accreditation from TEA or acceptance into a regionally accredited college. If out-of-state, state of Texas equivalency is required

Mark the level for which you are applying: ECA EMT EMT-Intermediate

EMT-Paramedic Licensed Paramedic*

* In order to achieve Licensed Paramedic (LP) status, an applicant must submit an official transcript indicating Associate Degree in EMS or a higher level degree in any other field.

SECTION 2 – Application Type and Fee.

Course approval number

Course Completion Date : (month/year)

Course City

Course State

National Registry card number

Expiration Date

Testing Instructions: All levels can contact National Registry at: www.nremt.org

ECA / EMT - \$64.

EMT-Intermediate - \$ 6.

EMT- aramedic - \$ 6.

icensed aramedic - \$126.

I am not submitting a fee because I am a volunteer. (Complete olunteer Sign Off Below)

Other: Explain

Fees are NOT refundable or transferable.

Make check or money order payable to:
Texas Department of State Health
Services EMS Certification and Licensing
Group Cash Receipts Branch, MC 2003
P.O. Box 149347
Austin, Texas 78714-9347

Volunteer Sign Off

If you are claiming fee exempt status, this section should be completed by an approved EMS Provider or FRO Administrator.

This applicant is exempt from the payment of fees because he/she actively provides emergency medical care for this organization, and does not receive compensation for providing these services. (Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering). Additionally, to the best of my knowledge, this applicant does not provide emergency medical care for any other organization, in return for compensation, other than reimbursement as described below. I have explained to the applicant that if during the certification period, he/she begins to receive compensation for providing emergency medical care from any organization, the exemption is nullified and the applicant must send a prorated fee to the department.

Signature of Provider or FRO Administrator _____ Print signed name

rovider or FRO name

City

DSHS license or registration
number and expiration date

Phone

SECTION 3 – MILITARY PERSONEL

Please check one of the boxes below if it applies to you

Active Military Service Member

Military Veteran

Military Spouse

Please check this box for a request to expedite this application. Request for expediting an application will be reviewed on a case by case basis for Active Military Service Members, Military Veterans, and Military Spouses.

If you claim military status, you are required to submit Military documentation. For Reciprocity applications, the Military documentation requirement has to be EMS specific, so an example of acceptable military documentation would be: a copy of your DD214 (listing your rank or sanction as a Medic or Field Medic) , copy of your military EMS Course Completion Certificate, or any military documentation of your rank or sanction (MOS) as a Medic or Field Medic. For Initial (you must have a Texas EMS Course Completion Certificate) or Renewal applications, ANY documentation showing you are current or retired Military personnel, or a spouse of Military, will suffice.

SECTION 4 – CRIMINAL/DISCIPLINARY HISTORY – Everyone MUST answer “YES or NO” to ALL questions below.

Failure to report any limitation, suspension and revocation of a license and/or any convictions(s), deferred adjudication/disposition case information may result in disciplinary action and/or denial/decertification against your Texas EMS personnel certification or licensure. DO NOT answer, Yes if you only have minor traffic violations, e.g. speeding tickets or minor parking violations. Driving While Intoxicated, Reckless Driving, or Obstruction of a Highway Passageway offenses are not considered minor traffic violations.

Have you ever been subject to limitation, suspension, or revocation of a license (not driver's license), including your right to practice in a healthcare occupation?	Yes	No
Have you ever surrendered any type of license (not driver's license) in any state or to a state agency that had issued you a license?	Yes	No
Have you ever been denied any type of license (not driver's license) in any state or by a state agency?	Yes	No
Have you ever been placed on deferred adjudication, deferred disposition (pretrial diversion) for a felony or misdemeanor since your last EMS application submission?	Yes	No
Have you ever been convicted of a felony since your last EMS application submission?	Yes	No
Have you ever been convicted of a misdemeanor since your last EMS application submission?	Yes	No
Do you need to report new criminal history information since your last EMS application submission?	Yes	No

DO NOT answer, “Yes” if you only have minor traffic violations, e.g. speeding tickets or minor parking violations. Driving while Intoxicated, Reckless Driving or Obstruction of a Highway Passageway are not minor traffic violations.

If you answered yes to ANY question above, provide the date of action, state and agency name, action taken and case number; you may provide an explanation on a separate sheet of paper.

Indicate offense(s) committed

Dates(s) of conviction(s) and/or deferred adjudication(s)

Court case/cause number(s)

Sentences(s)

Fine(s)

City, County and State where offense(s) was committed

Please note that it can take up to 12 weeks to complete the process of a criminal history investigation and make a final determination regarding eligibility for certification/licensure.

SECTION 5 – SIGNATURE AND DATE

I swear or affirm that all information provided on this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document. I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read, understood, and agree to abide to Chapter 773 of the Health and Safety Code, the applicable provisions of 25 TAC, Chapter 157. I am aware of the criminal convictions that will disqualify me from eligibility to acquire an EMS certification.

Signature of Applicant: _____

Date

If you are granted certification/licensure you will be responsible for reporting any changes to the information you provided on this form. The Name/Address Change form is available at the following website: www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS

PRIVACY NOTIFICATION

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects on you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for information on Privacy Notification. (Reference Government Code, Section 522.021, 522.023 and 559.004)

ATTENTION

EMS personnel must submit an application for EMS Certification/licensure, Criminal History Pre-Screen Petition, or an Administrator of Record (AOR) form **before completing the fingerprint process**. Completing fingerprints without submitting an application and/or AOR form to DSHS will cause a delay in processing your application.



DEPT OF STATE HEALTH SVCS (EMT/EMS)

Texas Fingerprint Service Code Form

DEPARTMENT OF STATE HEALTH SVCS (DSHS) (EMT/EMS)

To schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

11BSBH

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080